

that will stop this UAE operation from going through. I have joined the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) in introducing legislation to prevent this dangerous and deceptive deal. This deal should become a "no deal" before it becomes an ordeal.

Mr. Speaker, just last week we introduced the Port Security Act of 2006. This is the House version of legislation already introduced in the Senate. This bipartisan legislation will prohibit foreign state-owned companies from controlling operations at U.S. ports and stop the UAE deal by mandating a congressional review of existing foreign state-owned companies that are operating in American ports. There is an innate and inherent problem, not to mention a serious national security risk, with letting state-owned foreign companies buy interests in American ports.

I am not opposed to foreign privately owned companies operating in our country. I understand we live in a global economy. Foreign ownership of a hotel or car company is one thing, but foreign government ownership in port operations, especially those that handle military cargo, is absurd.

There are entirely too many issues that need to be ironed out before we start offering our ports and our national security up to foreign governments for sale or for lease. This decision is unwise. It is a risky business. This ought not to be. And that is just the way it is.

□ 2000

The SPEAKER pro tempore (Mr. DENT). Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

FOREIGN OPERATIONS REQUEST

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, the President's budget request for fiscal year 2007 proposes 20 percent more military aid to Azerbaijan than to Armenia. This request is a clear breach of an agreement struck between the White House and the Congress in 2001 to maintain parity in U.S. military aid to Armenia and Azerbaijan.

Mr. Speaker, the parity agreement is unfortunately a battle that the Armenian people have had to fight in the past. The fiscal year 2005 Presidential request was similar in that it called for more military funding to Azerbaijan.

However, the Congress reversed the President to ensure military parity in the fiscal year 2005 Foreign Operations Appropriations Act. After that battle and the President's 2006 budget request

that included parity, I thought the President's fiscal year 2007 budget would continue that policy. But unfortunately that was not the case. A lack of military parity would, in my opinion, weaken ongoing peace negotiations regarding Nagorno Karabakh, among other things.

It will also contribute to further instability in the region, and it undermines the role of the United States as an impartial mediator of the Nagorno Karabakh conflict. Mr. Speaker, the government should not be rewarding the Government of Azerbaijan for walking away from the organization for security and cooperation in Europe's Key West peace talks, the most promising opportunity to resolve the Nagorno Karabakh conflict in nearly a decade.

Mr. Speaker, unfortunately, the administration's budget also calls for drastic cuts in economic assistance to Armenia. I was discouraged to see that the President requested a 33 percent decrease in economic aid from \$74.4 million last year to \$50 million this year. Technical and developmental assistance and investment is essential to Armenia. This funding is key to democratic stability and economic reform in the country.

Mr. Speaker, is this the message we want to send to our friends in Armenia? Do we want to cut economic aid to a country that is terrorized by its neighbors and is shut off on its eastern and western borders due to an illegal blockade by Turkey and Azerbaijan?

Mr. Speaker, in the coming weeks I will advocate to the Foreign Operations Subcommittee to restore military parity, to increase economic assistance to Armenia and to provide for humanitarian aid to the people of Nagorno Karabakh. It is incredibly important to reward our allies and to send a message to Azerbaijan and Turkey that ethnically charged genocides, illegal blockades of sovereign nations, and the constant harassment of the Armenian people will not be tolerated.

AMEND THE FOREIGN ASSISTANCE ACT OF 1961

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. ROHRABACHER) is recognized for 5 minutes.

Mr. ROHRABACHER. Mr. Speaker, today I am introducing, and I have just introduced a bill, to amend the Foreign Assistance Act of 1961 to limit the provisions of the United States military assistance and the sale, transfer or licensing of United States military equipment or technology to Ethiopia.

The bill requires that before the United States provides military equipment to the regime in Addis Ababa that our President certifies that the Government of Ethiopia is not using our equipment or assistance against prodemocracy advocates or peaceful civilian protesters in Ethiopia. Is that too much to ask?

It is an outrage that in Ethiopia that over 80 opposition leaders and human rights activists and journalists have been recently charged with treason, violent conspiracy and genocide. These prisoners of conscience face brutal captivity and the possibility of death sentences. They include 10 newly elected members of the Parliament and other officials of the opposition Coalition for Unity and Democracy Party, that is the CUD.

These brave souls face charges filed against them by a corrupt and repressive government. This same government blatantly stalled the last election, making a sham out of the democratic process. Five of those being charged with criminal behavior work for the Voice of America. One of those being held is Dr. Berhanu Nega. He is an American citizen and mayor of Ethiopia's largest city. Dr. Nega is an advocate of democracy. He faces the death penalty for his involvement in mass protests over the election fraud that took place in Ethiopia during their last election.

Now, in January, the British Government cut the equivalent of \$88 million in aid in support to Ethiopia. This was due to its concerns about the governance and human rights issues arising from this disputed election. Other international donors have taken similar measures.

My legislation requires certification by the President of the United States that our military equipment provided to Ethiopia is not being used to beat down those who would bring honest and democratic government to that troubled land. In Ethiopia, it is incumbent upon us as Americans to be on the side of those struggling for honest and democratic government, not on the side of their oppressor.

No pragmatic strategy can justify the United States backing a regime that stole the last election and has brutalized their own people and will, at some point, disintegrate from its own corruption and incompetent ways. I ask my colleagues to join me in recognizing and supporting the democratic movement in Ethiopia, just as we did with a similar movement in Ukraine just 2 short years ago and in other countries throughout the world where the future was in play and human freedom was in the balance.

That is what being an elected representative of the American people is all about, standing for our ideals and our principles. And nowhere could that be made more clear than to stand with the people of Ethiopia, who are struggling to make a democratic government, to form a democratic government, and to have honest government and the recognition and respect for people's rights within their own country.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

(Mr. CUMMINGS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. STUPAK) is recognized for 5 minutes.

(Mr. STUPAK addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

THE STATE OF HEALTH CARE: REPUBLICAN EFFORTS FOR HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Pennsylvania (Mr. MURPHY) is recognized for 60 minutes as the designee of the majority leader.

Mr. MURPHY. Mr. Speaker, I will be joined in a little bit by my friend and my colleague, Dr. PHIL GINGREY of Georgia, for this next hour. It is important that we lay out a large segment of what we believe is a critically important agenda to reform health care in America.

We know that few things are more valuable to us than the health of our families. When the health of our families is threatened, we feel frightened, we feel vulnerable, and we desperately search for help. I think few would challenge that the United States provides, as available, the best health care in the world, dedicated and caring physicians and nurses and hospitals and professionals, and we have made huge technological advances in fighting disease and prolonging life. Our research and medical technology is second to none. It significantly advances every year.

However, despite these many accomplishments, the American health care system is burdened by severe problems that lower quality and increase costs and too often make this system unaffordable and inaccessible for millions of Americans. Too many families, unfortunately, are only able to window-shop for health care coverage, and they feel as though they cannot go into the store.

Tonight, those colleagues of ours on our side of the aisle, who are part of our health care team, will be talking about a number of important issues to advance this cause. Mr. Speaker, before I go into this, let me pause, if I may, for a moment, and say usually when I have been here for Special Orders to talk about issues, I traditionally was walking up to the Capitol to make a call to my mother to let her know. She then would get on the phones and call

all her friends. My mother was a nurse, worked for many years at hospitals in Cleveland, as well as in industrial settings.

I am sad to say that since I last spoke in the Chamber, my mother had died, but I am sure she is still doing her own method of notifying her friends, and meeting my father now to talk to him and to say, make sure you pay attention to this message.

It is a message that I hope Americans will attend to as well. Because while there are those who talk about the costs of health care, what we are going to be talking about tonight is ways of changing health care and not simply shifting the burden of health care to one or the other.

Let me talk about a few of the costs that we need to pay attention to. Health care costs are skyrocketing. In 2005, the Federal Government spent over 45 percent of mandatory spending on health care programs, including almost \$300 billion for Medicare and \$181 billion for Medicaid. Medicaid costs now consume about 70 percent of States' budgets, and it is rising more than the rate of inflation. This, nearly half a trillion dollars, does not even include the billions that we spend at the Federal level in discretionary health care spending for Department of Veterans Affairs, \$31 billion; the National Institutes of Health, which has increased over 100 percent in the last 10 years under President Bush, to \$28.5 billion; the Centers For Disease Control and Prevention, \$8.2 billion; the Indian Health Services, \$4 billion; Early Head Start, \$6.8 billion; and the Women, Infants and Children program, \$5.3 billion.

□ 2015

When we add to this also the costs paid for by employers and paid for by families across the Nation, the numbers are staggering.

The Federal Government has made a number of attempts over the years to deal with some of these increased costs, such things as dealing with the budget, where we try and increase co-payments on prescription drugs, or we deal with premium costs in private or federally or State-funded health care programs, which have all been geared towards trying to share the costs.

This higher cost-sharing requirement, in many cases, is designed to not only reduce some of the overall costs to the Federal budget, but also to help encourage patients to change some behaviors, such as not going to expensive emergency room settings for common ailments, such as colds and flu and scrapes and bumps, but instead to see their doctor. These increased copays are usually enacted to change these behaviors, and yet we need to be doing other things in order to actually change some of the flaws in our health care system.

But let us make a point of this: whenever Congress has enacted those important issues to try and change

some behaviors and actually save money, unfortunately, the Congressional Budget Office, which is there to tell us how much we are spending and give us some accurate numbers, simply is unable to do this at all.

The Congressional Budget Office can only talk about savings when more money comes out of pocket, but they cannot and are unable to talk about savings that come from trying to prevent the problems we are talking about tonight.

Since the CBO does not provide what is called dynamic scoring, a potential cost savings, the Federal Government in essence ties its own hands so we can only focus on cost sharing and not directly change efficiency and reduce errors in health care. We do not deal with the biggest drivers of these costs. We did not have a way here to look at this.

Let me give you an example. If we were to ask the Congressional Budget Office how much it costs to immunize children in America or to inoculate them with several important inoculations that they receive in their infancy and young childhood, the CBO could give us that number. But ask them what this saves, what this saves in reduced hospital visits and the other medical complications, and they simply are not able to tell you.

Ask the Federal Government CBO what treatment programs for alcohol and drug abuse save, and they cannot tell you.

Ask them what Early Head Start's medical programs save when we get children to the doctor early. They cannot tell you.

Ask also what would happen if we made our medical records system more efficient and eliminated many of the costly errors in the system. They cannot tell you.

The CBO can tell us that, in the Deficit Reduction Act passed by the House, that \$150 million was placed in there, through efforts of my office and others, in order to help hospitals in high Medicaid areas use electronic medical records in order to reduce costs. But, unfortunately, the CBO cannot tell us what those costs are.

I am going to be talking a little bit more about these costs, but first I would like to yield to the gentleman from Georgia, Dr. PHIL GINGREY, to lay out some general outlines of some other things we are going to be talking about tonight. Dr. GINGREY, a friend and colleague, who we often are on the floor together talking on these health care aspects, will lay out in general some of the things we will be talking about.

As I said, I opened up naming some of the huge cost increases in health care, but Dr. GINGREY will lay out the general plan of where we need to go to make some substantive reforms in the health care system so that we are no longer talking about cost shifting, but really talking about saving money, and, more importantly, saving lives.

I yield to Dr. GINGREY.